

APPLICANT'S* ACKNOWLEDGEMENT OF AN INCOMPLETE APPLICATION

brampton.ca		To be completed by Perr	nit Application Clerk
Date:		APPLICATION No(s): _	
day month year		Entered by:	Date:
A - PRELIMINARY APPLICATION ASSESSMENT (Please Print) - to be completed by Customer Service Plans Examiner			
1. PROJECT LOCATION		Dron	2010
# street			npton ity postal code
2. SUBMISSION REVIEW	ОК	DOCUMENTS AND INF	ORMATION STILL REQUIRED
i. APPLICATION FORMS (Div C Clause 1.3.1.3.(5) a) to d))			
Correct form			
Applicant is authorized agent or owner			
All fields on form completed in full & correct			
Schedule 1 — required			
completed in full & correct			
Schedule 2 —— required & complete			
ii. PERMIT DOCUMENTS			
• Plans			
• I lais			
Specifications			
- Opcomodiono			
 Technical Support Documents 			
 Other details, clearances, etc. 			
iii. APPLICABLE LAW			
Reference attached list of Applicable Law			
List any missing Applicable Law compliance			
and documents required			
D. ADDI ICANT'S* ACKNOW! EDGEMENT (Blazza Brint) to be consisted by Applicant			
B – APPLICANT'S* ACKNOWLEDGEMENT (Please Print) - to be completed by Applicant			
* The applicant, for the purposes of the acknowledgement of an incomplete application, is the person authorized to submit this application on behalf of the owner and/or authorized agent of the owner.			
I.			
last name		first name	
of	city	province	postal code
do declare:			·
1. THAT I am			
the owner's authorized agent (if the owner is a Corporation or Partnership I have the authority to bind the Corporation or Partnership) authorized to submit this application on behalf of the owner and/or authorized agent			
 THAT I have reviewed the information provided in Part A of this form and acknowledge that the requirements for a complete application have not been satisfied 			
3. THAT the time period prescribed in OBC Division C, Table 1.3.1.3. Column 3 for notification of issuance or refusal of a permit does not apply			
to the subject application and 4. THAT this document satisfies the notification requirements set out in OBC Division C Sentence 1.3.1.3.(6)			
Signature			Date (DD/MM/YY)
C – AUTHORIZATION TO ACCEPT THE INCOMPLETE APPLICATION			
TO NOTICE TO ACCEPT THE INCOME	!		ALITHODIZATION
			AUTHORIZATION
Customer Service Plans Examiner BCIN or			
		Data (DD/8484/\/\)	CHIEF BUILDING OFFICIAL
☐ Supervisor or ☐ Manager BCIN Date (DD/MM/YY) CHIEF BUILDING OFFICIAL (where application is subject to Site Plan Control)			